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Fisheries and Oceans Pêches et Océans
Canada CanadaCertificate No: RPC #141
RPC Submission # 131775-FFA
RPC Job Number: FFA-J3324-2

FISH HEALTH CERTIFICATE

Eggs Only ☐ Fish and Eggs ☒Name of facility/source: Thomaston Corner Hatchery Address: 90 Reynolds Road, Harvey Station, NB E6K 1W2
Telephone No.: (506) 366-1180 Fax No. (506) 366-3377 Email _____I, Rebecca Liston, as a Fish Health Official under the Canadian Fish Health Protection Regulations C.R.C., c812, certify that the source indicated above was inspected by the methods approved by the Minister of Fisheries and Oceans Canada, and that the following pathogen status was determined as required by those Regulations.

| Pathogen | Detected | Not Detected | Not Tested |
|---|--------------------------|-------------------------------------|--------------------------|
| Viral Hemorrhagic Septicemia Virus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Infectious Hematopoietic Necrosis Virus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Infectious Pancreatic Necrosis Virus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other filterable replicating agent | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Aeromonas salmonicida</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Yersinia ruckeri</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Myxobolus cerebralis</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Ceratomyxa shasta</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Notes: No clinical signs indicative of Ceratomyxa shasta were observed during necropsy

Date of the last four previous inspections:

02/02/12
(D/M/Y)28/07/11
(D/M/Y)06/02/11
(D/M/Y)23/08/10
(D/M/Y)13/03/12
Date of IssueRebecca Liston
Signature and Address of Fish Health Official921 College Hill Road
Fredericton, NB
E3B 6Z9(506) 452-1379/452-1395
Telephone No./ FAX No.This certificate expires on the date the pathogen status changes or 02/11/12, whichever is the earlier.
(D/M/Y)

EXPORTER'S DECLARATION

I, Glenn Kitchen ☐ Owner ☒ Manager of the above noted facility which was last inspected on 02/02/12 (D/M/Y) declare that, to my knowledge, no disease agent(s) listed in Schedule II of the Fish Health Protection Regulations (FHPR) that would alter the above described pathogen status have been detected, in this facility, according to the procedures outlined in the FHPR Manual of Compliance since the last FHPR inspection, that no introduction of fish or fish eggs from any source that would alter the above pathogen status has been made into the facility, that the shipment described below will be derived solely from this facility, and that eggs in the shipment will be surface disinfected prior to leaving the source.

I, _____, consignor of eggs taken from wild spawners declare that these eggs will be surface disinfected and that they derive solely from the above inspected source.

This shipment consists of:

_____ Kg ☐ Live ☒ Eggs ☐ Species: Atlantic Salmon

up to 400,000 Number ☒ Dead ☐ Fish ☐ Species: _____

June 8, 2012 _____ 506-755-5381/466-2367
Date Signature and Address of Owner, manager or Consignor Telephone No. / Fax No.

IMPORTING INFORMATION

Departing city and country Saint John, N.S.Carrier RCS to determineBill of lading No. Multiple shipmentsDate June 12 - July 30, 2012Anticipated port of arrival in Canada (City and Province): Digby, N.S.Date June 12 - July 30, 2012June 8, 2012
DateS. Nickerson
Signature and Address of Importer
7324 Hwy 3
Woods Harbour, N.S.
B0W 2E0902-275-7493/506-755-1492
Telephone No.